

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **101815615**

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
IND	DEP	IND	DEP	IND	DEP	
1						
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50						
TOTAL IND.	2		2			
TOTAL DEP.	49		49			
TOTAL CLAIMS	51		51			

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

39
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